

Statement of Organization 922915
Recipient Committee
(Government Code Sections 84101-84103)

STATEMENT OF ORGANIZATION

SEE INSTRUCTIONS ON REVERSE

File original and one copy of this form with:
Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

And, if applicable, file one copy of this form with:
The city or county officer, if any, who receives the committee's original campaign disclosure statements.

Amendment <input type="checkbox"/> Check box if an Amendment and enter I.D. number: _____	RECEIVED AND FILED In the office of the Secretary of State of the State of California OCT 05 1992 MARCH FONG, Secretary of State	CALIFORNIA 1991 FORM 410 A For Official Use Only RECEIVED OCT 15 1992 REGISTRAR OF VOTER SAN JOAQUIN COUNTY
Date qualified as Committee: (Month, Day, Year) _____ <input checked="" type="checkbox"/> Check box if not yet qualified		

I Committee Information

NAME OF COMMITTEE:

Committee to Elect Bob FISHER

ADDRESS OF COMMITTEE: (NOT P.O. BOX) NO. AND STREET

418 N. Fairmount Ave

CITY

LODI

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

COUNTY:

San Joaquin

STATE

ZIP CODE

CA 95242

209 334 3927

AREA CODE/PHONE NUMBER

II Treasurer and Other Principal Officers

NAME OF TREASURER:

Robert W. FISHER

MAILING ADDRESS (IF DIFFERENT THAN COMMITTEE'S)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

Keith Lund Co Chair

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S)

1800 W. Kettlemann #K

MAILING ADDRESS (IF DIFFERENT THAN COMMITTEE'S)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

LODI CA 95242 209 333-7318

Attach additional information on appropriately labeled continuation sheets.

III Controlled Committee

Is this committee controlled by an officeholder, candidate, or state measure proponent? (See definition and important information on reverse.)

☒ Yes (Complete the following) ☐ No

- If this committee is controlled by an officeholder or a candidate, list the name of the controlling officeholder or candidate, the elective office sought or held, and district number, if any. If this committee is controlled by more than one candidate, list the name of each controlling candidate.
- If this committee is controlled by a state measure proponent, list the name of the state measure proponent. If this committee is controlled by more than one state measure proponent, list the name of each state measure proponent.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

Bob FISHER Candidate for Lodi City Council

Attach additional information on appropriately labeled continuation sheets.

You must complete the Verification on Page 2.

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission

Statement of Organization
Recipient Committee

Type or Print in Ink.



SEE INSTRUCTIONS ON REVERSE Attach additional information on appropriately labeled continuation sheets.
NAME OF COMMITTEE

Committee to Elect Bob FISHER

IV Broad Based Committee (See definition and important information on reverse)

If this is a broad based committee and wishes to make contributions to candidates in excess of the \$2,500 contribution limit in connection with a special election, check the box below and enter the date on or before which the committee qualified as a broad based committee. (If the committee is not a broad based committee, or does not wish to make contributions in excess of the \$2,500 limit, do not complete this section.)

☐ Check box if this is a broad based committee. Enter the date on or before which the committee qualified as a broad based committee: (Month, Day, Year) _____

V Sponsored Committee Is this a sponsored committee? ☐ Yes ☒ No (See instructions on reverse for definitions and rules regarding a sponsored committee's name.)
If yes, provide name and address of sponsor. If the committee has more than one sponsor, provide names and addresses on appropriately labeled attachment.

NAME OF SPONSOR

ADDRESS OF SPONSOR

NO AND STREET

CITY

STATE

ZIP CODE

VI Primarily Formed Committee If primarily formed to support or oppose specific candidates or measures, list specific candidates or measures below:

CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

		CHECK ONE	
		SUPPORT	OPPOSE

VII Committee's Primary Activity if Not Primarily Formed If not supporting or opposing specific candidates or measures, see instructions on reverse and check

ONE box to indicate if this is a: ☐ CITY Committee or ☐ COUNTY Committee or ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

VIII Disposition of Surplus Funds You must specify what disposition will be made of surplus funds in the event of termination.

Donate to Lodi Boys + Girls Club

IX Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/2/92 At LODI CA By [Signature]
DATE CITY AND STATE SIGNATURE OF TREASURER
Executed on _____ At _____ By _____
DATE CITY AND STATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent
Executed on _____ At _____ By _____
DATE CITY AND STATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent
Executed on _____ At _____ By _____
DATE CITY AND STATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent